MA DPH Special Project: Monthly Primary Angioplasty Procedure Volume Report (Revised)[1]

Hospital _____   Period of Report_____   Date of Report_____

Physician Director_____   Nurse Coordinator_____   Data Coordinator_____

Report Completed by_____   Phone #_____   email address_____

Total number of patients entered into Special Project (period of report) _____Total number of primary angioplasties performed (period of report) _____

Date: Month/ day/ year	Time (military) at ER door	Time (military) at cath lab door	TIMI flow on initial angiogram, i.e., 0, 1, 2, 3 [2]	Initials of MD performing diagnostic angiogram[3]	Time (military) of balloon inflation	TIMI flow after angioplasty, i.e., 0, 1, 2, 3 [4]	Initials of MD performing angioplasty[5]	Check (√) if the patient had "rescue angioplasty" performed	Check (√) if the patient was in cardiogenic shock	Patient outcome: Enter code/s from below. Enter as many as apply [6]

M.D. initials _____=_____   M.D. initials _____= _____   M.D. initials _____= _____
                     Full name of physician   Full name of physician   Full name of physician

M.D. initials _____=_____   M.D. initials _____= _____   M.D. initials _____= _____
                     Full name of physician   Full name of physician   Full name of physician

This report is to be completed for each reporting period (1 month) and sent via fax to Nancy Murphy on the 1st of each month. If the 1st of the month falls on a weekend or holiday, the report should be sent on the next business day. Ms. Murphy can be reached at (617) 753-8120 if there are any questions on this report. **Fax to: (617) 753-8095**.   "Spmrfrev" 12/05

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[1] All patients entered into the Special Project are to be listed.
[2] If multiple vessels are affected list each vessel and TIMI grade flow of each.
[3] Data entry only – physician's signature is not necessary.
[4] If multiple vessels are affected list each vessel and TIMI grade flow of each.
[5] Data entry only – physician's signature is not necessary.
[6] Outcome codes: 1= Death in the cath lab; 2= PTCA at this hospital; 3= PTCA @ tertiary hospital; 4= CABG @ tertiary hospital; 5= Q Wave MI; 6= Non-Q Wave MI; 7= Discharged;
   8= Death in Special Project hospital during index hospitalization; 9=Transferred to tertiary hospital; 10= Death in tertiary hospital.